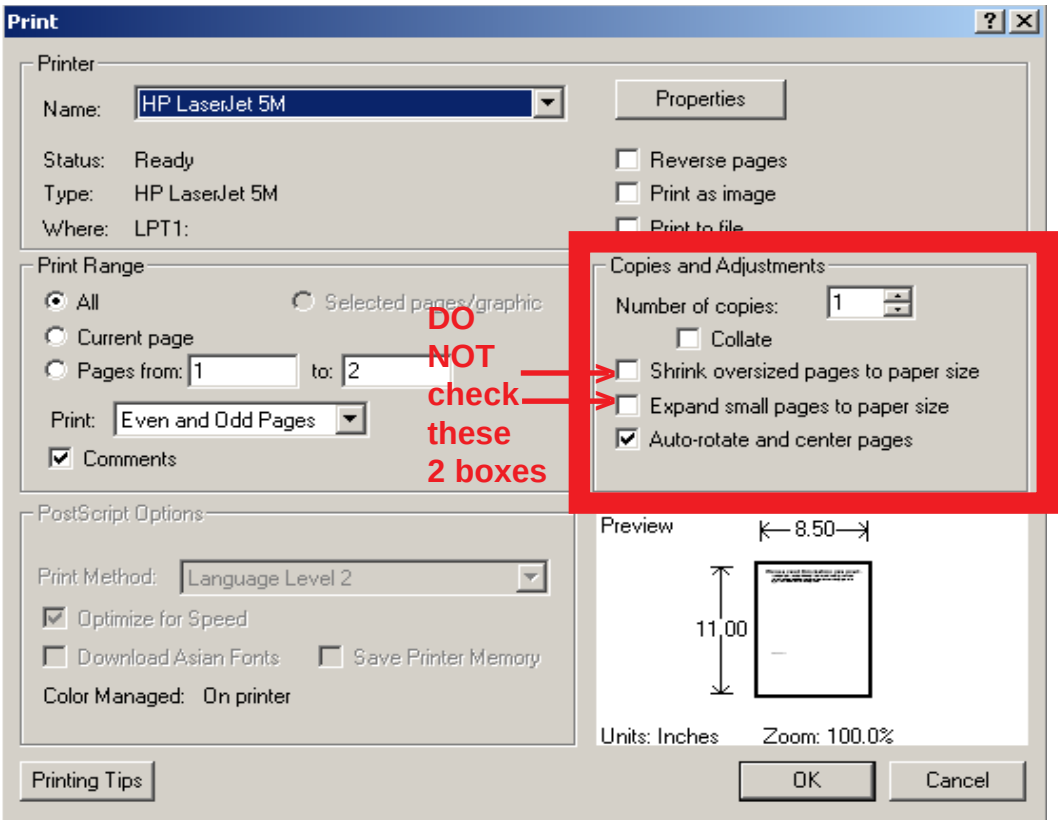
Please read this before you print.

To print applications correctly, it is important to set up your print request as shown below. In the Adobe Acrobat Print dialog box, you must check the box “Auto-rotate and center pages.” Do **not** check the Shrink or Expand boxes.



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Washington State Department of Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

A. Contents:

Psychology License By Endorsement Application Packet

1. 668-061 ..... Contents List/SSN Information/Deposit Slip ..... 1 page
2. 668-047 ..... Instructions For Psychology License By Endorsement ..... 2 pages
3. 668-044 ..... Application For Licensure As A Psychologist By Endorsement ..... 4 pages

B. Important Social Security Number Information:

* Federal and state laws require the Department of Health to collect your Social Security Number before your professional license can be issued. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted. If you submit an application but do not provide your Social Security Number, you will not be issued a professional license and your application fee is not refundable.
* Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996, 42 USC 666, RCW 26.23 and WAC 246-12-340.

C. In order to process your request:

1. Complete the Deposit Slip below.
2. Cut Deposit Slip from this form on the dotted line below.
3. Send application with check and Deposit Slip to **PO Box 1099, Olympia, WA 98507-1099**.

Cut along this line and return the form below with your completed application and fees.

Psychologist (Endorsement)

DEPOSIT SLIP

DOH 668-061 (REV 10/2003)

NAME (Please Print) _____ DATE _____

Revenue Section
P.O. Box 1099
Olympia, Washington 98507-1099

Please note amount enclosed, and return with your application.

$ _____

☐ **Check**
☐ **Money Order**

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Washington State Department of Health
Psychology Program
PO Box 1099
Olympia, WA 98507-1099
(360) 236-4910

Psychology License By Endorsement Instructions

Thank you for requesting information on psychology licensing in Washington State. Please be advised that you may not represent yourself as a psychologist in this state without first receiving a license to practice (see exemptions listed in RCW 18.83.200). If you have any questions regarding this material, please contact this office at the address or telephone number provided above.

If A Psychologist Is Licensed In Another State Or Jurisdiction

The Board may grant a license, without written examination, to any applicant who is currently licensed in another jurisdiction and who has not previously failed any examination held by the board of psychology of the state of Washington and furnishes evidence satisfactory to the Board that the applicant:

- Holds a doctoral degree with primary emphasis on psychology from an accredited college or university; and
- Has been licensed for at least two years to practice psychology in another state or country in which the requirements for such licensing or certification are, in the judgment of the board, essentially equivalent to those required by the State of Washington.
- Or, is a diplomate in good standing of the American Board of Professional Psychology.

Application Process

Complete the enclosed application and submit it along with the appropriate fee(s) to the address above. Applications are not considered complete until all supporting documents and information are received and the appropriate fee(s) have been paid.

Three (3) Professional Reference Forms and verification of credentials held in all other states or jurisdictions must be received in this office directly from the party providing that information—not from the applicant. Note that references must have supervised the applicant's work in psychology or as professional colleagues; be knowledgeable to evaluate the candidate's work in psychology (i.e. references from professionals practicing in areas unrelated to psychology are not acceptable).

Once your application is complete, the Board will review it and you will be notified of your eligibility to sit for the oral examination. Please note that failure to appear at a scheduled examination will result in forfeiture of the examination fee. Exceptions are made only in the event of a bona fide emergency.

Temporary Practice Permit

According to RCW 18.130.075, an applicant licensed in another state, which has licensing standards substantially equivalent to Washington, may apply for a temporary practice permit authorizing the applicant to practice the profession pending completion of requirements for licensure. The temporary permit shall be issued only upon the disciplining authority receiving verification from the states in which the applicant is licensed. This permit is valid for up to one year for applicants awaiting oral examination. If the applicant fails the oral examination, the permit is no longer valid. To apply for a temporary practice permit, check the applicable box on the application.

Oral Examination

All applicants for licensure by endorsement must pass the oral exam before a license to practice may be issued. The oral examination is scored as pass or fail. Each candidate will be asked standarized questions which will allow the candidate to demonstrate their knowledge and skills in the following areas. This examination covers the same core issues for all candidates including the following major areas:

1. Professional judgment in areas of stated competence
2. Knowledge of state laws pertaining to the practice of psychology and psychological ethics
3. Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions

HIV/AIDS Education And Training Requirement

Completion of seven (7) clock hours of AIDS education and training is required prior to licensing. See WAC 246-924-110 and Section 6 of the application.

Fees

Submit to Department of Health with application:

$260.00 application fee

$350.00 oral examination fee

There is no fee for a temporary permit

***Note*: Fees submitted with application for initial credentialing and examinations are nonrefundable. (See WAC 246-12-340)**

Americans With Disabilities Act

If you have a disability, which requires an accommodation during the oral examination, please indicate so on your application. The Examining Board of Psychology is in compliance with the requirements of the Americans With Disabilities Act.

Washington State Department of Health

Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, WA 98507-1099

FOR OFFICE USE ONLY	
LICENSE NUMBER	DATE GRANTED

LICENSE #

Application For Licensure As A Psychologist By Endorsement

Please Type or Print Clearly—Follow carefully all instructions in the general instructions provided. It is the responsibility of the applicant to submit or request to have submitted all required supporting documents. Failure to do so could result in a delay in processing your application.

All applications must be accompanied by the applicable, nonrefundable fee. (See instructions to determine fees.) Make remittance payable to "Department of Health."

I am requesting a temporary practice permit. ☐ Yes ☐ No

1. Demographic Information

APPLICANT'S NAME — LAST | FIRST | MIDDLE INITIAL

MAILING ADDRESS | EMAIL

CITY | STATE | ZIP | COUNTY

BUSINESS TELEPHONE (ENTER THE NUMBER AT WHICH YOU CAN BE REACHED DURING **NORMAL BUSINESS** HOURS) ( )

RESIDENCE TELEPHONE ( )

SOCIAL SECURITY NUMBER (**Required** under 42 USC 666 and Chapter 26.23 RCW) — —

GENDER ☐ Female ☐ Male

BIRTHDATE (MO/DAY/YR) / /

PLACE OF BIRTH

Have you ever been known under any other name? ☐ Yes ☐ No

If yes, list:

HEIGHT | WEIGHT | EYE COLOR | HAIR COLOR

Attach Current Photograph Here. Indicate Date Taken and Sign in Ink Across Bottom of the Photo.

NOTE: Photograph **Must** Be:

1. Original, not a photocopy
2. No larger than 2" X 2"
3. Taken within one year of application
4. Close up, front view—not profile
5. Instant Polaroid Photographs **not** acceptable

2. Licenses In Other Jurisdictions

List **all** jurisdictions where licenses are or were held. Specifically list licenses granted as temporary, or reciprocity, exemption or similar with type, date, grantor, and if license is current. (Attach additional 8 1/2 x 11 sheets if necessary.)

STATE OR OTHER JURISDICTION	PERMANENT OR TEMPORARY	LICENSE BY WRITTEN AND/OR ORAL EXAMINATION	LICENSE		CURRENTLY ACTIVE?
			YR ISSUED	NUMBER	
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No
					☐ Yes ☐ No

3. Personal Data Questions

YES NO

1. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

   "Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

   1a. If you answered "yes" to question 1, please explain whether and how the limitations or impairments caused by your medical condition are reduced or eliminated because you receive ongoing treatment (with or without medications).

   1b. If you answered "yes" to question 1, please explain whether and how the limitations and impairments caused by your medical condition are reduced or eliminated because of your field of practice, the setting or the manner in which you have chosen to practice.

   (If you answered "yes" to question 1, the licensing authority (Board/Commission or Department as appropriate) will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition, the treatment ongoing, and the factors in "1b" so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.)

2. Do you currently use chemical substance(s) in any way which impairs or limits your ability to practice your profession with reasonable skill and safety? If yes, please explain. ☐ ☐

   "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

   "Chemical substances" includes alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

3. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or frotteurism? ☐ ☐

4. Are you currently engaged in the illegal use of controlled substances? ☐ ☐

   "Currently" means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, and includes at least the past two years.

   "Illegal use of controlled substances" means the use of controlled substances obtained illegally (e.g., heroin, cocaine) as well as the use of legally obtained controlled substances, not taken in accordance with the directions of a licensed health care practitioner.

   Note: If you answer "yes" to any of the remaining questions, provide an explanation and certified copies of all judgments, decisions, orders, agreements and surrenders.

5. Have you ever been convicted, entered a plea of guilty, nolo contendere or a plea of similar effect, or had prosecution or sentence deferred or suspended, in connection with:

   a. the use or distribution of controlled substances or legend drugs? ☐ ☐

   b. a charge of a sex offense? ☐ ☐

   c. any other crime, other than minor traffic infractions? (Including driving under the influence and reckless driving) ☐ ☐

6. Have you ever been found in any civil, administrative or criminal proceedings to have:

   a. possessed, used, prescribed for use, or distributed controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, diverted controlled substances or legend drugs, violated any drug law, or prescribed controlled substances for yourself? ☐ ☐

   b. committed any act involving moral turpitude, dishonesty or corruption? ☐ ☐

   c. violated any state or federal law or rule regulating the practice of a health care professional? ☐ ☐

7. Have you ever been found in any proceeding to have violated any state or federal law or rule regulating the practice of a health care profession? If "yes", explain and provide copies of all judgments, decisions, and agreements. ☐ ☐

8. Have you ever had any license, certificate, registration or other privilege to practice a health care profession denied, revoked, suspended, or restricted by a state, federal, or foreign authority, or have you ever surrendered such credential to avoid or in connection with action by such authority? ☐ ☐

9. Have you ever been named in any civil suit or suffered any civil judgment for incompetence, negligence or malpractice in connection with the practice of a health care profession? ☐ ☐

4. Education

Highest degree earned: | Year:

NAME AND LOCATION OF INSTITUTION GRANTING DOCTORAL DEGREE:

TYPE OF DOCTORAL PROGRAM (E.G. CLINICAL/COUNSELING, ETC.):

Are you a diplomate in good standing of the American Board of Professional Psychology? ☐ Yes ☐ No

Please check your areas of professional competency:

☐ Clinical/Counseling ☐ Neuropsychology ☐ Industrial/Organizational ☐ Schools/Educational
☐ Other (specify) _____

5. Previous Application

Have you ever taken a written or oral examination in Psychology in the state of Washington? ☐ Yes ☐ No

Have you ever been denied a license as a psychologist in the state of Washington? ☐ Yes ☐ No

6. AIDS Education and Training Attestation

I certify I have completed the minimum of seven (7) hours of education in the prevention, transmission and treatment of AIDS, which included the topics of etiology and epidemiology, testing and counseling, infectious control guidelines, clinical manifestations and treatment, legal and ethical issues to include confidentiality, and psychosocial issues to include special population considerations. I understand I must maintain records documenting said education for two (2) years and be prepared to submit those records to the Department if requested. I understand that should I provide any false information, my license may be denied, or if issued, suspended or revoked.

APPLICANT'S INITIALS	DATE

7. Applicant's Attestation

I, _____ , certify that I am the person described and identified in
Name of Applicant

this application; that I have read RCW 18.130.170 and 180 of the Uniform Disciplinary Act; and that I have answered all questions truthfully and completely, and the documentation provided in support of my application is, to the best of my knowledge, accurate. I further understand that the Department of Health may require additional information from me prior to making a determination regarding my application, and may independently validate conviction records with official state or federal databases.

I hereby authorize all hospitals, institutions or organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Department any information files or records required by the Department in connection with processing this application.

I further affirm that I will keep the Department informed of any criminal charges and/or physical or mental conditions which jeopardize the quality of care rendered by me to the public.

Should I furnish any false or misleading information on this application, I hereby understand that such act shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of Washington.

Signature of Applicant _____ Date _____

Official Use Only

Washington State Records Center